

## ***Helpful Information for Filing a Claim***

Please note that failure to complete all sections of the claim form may delay the processing of your claim or result in the return of your claim.

1. **Claimant's Name and Contact Information:** State the full name, mailing address, and telephone number(s) of the person or entity claiming property damage or loss.
2. **Date and Time When the Damage First Occurred:** State the exact month, day, year and time of the incident giving rise to the claim.
3. **Location of Incident:** Specify the city and/or county, highway #, direction of travel, nearest exit(s), cross-streets, and any additional information indicating where the accident occurred. Providing a map is optional, but advised. The more information you provide, the easier it is for us to assist you!
4. **How the Damage or Loss Occurred:** Describe in detail the incident giving rise to the claim.

**What act or omission on the part of Caltrans or its contractors caused the damage or loss?**

State in detail all facts in support of your claim. Include all persons or entities involved and why you believe Caltrans is liable. If applicable, provide the name of the Caltrans employee or state vehicle license plate/ID number.

**What damage do you claim resulted?** Specify the exact damage(s) for which you are claiming, including all alleged injuries, property damage, and/or loss. Attach photographs and any additional supporting documents.

**What is the dollar amount of your claim for damages?** State the total dollar amount for which you are claiming. The State of California requires two (2) estimates and/or one (1) paid receipt for all damages claimed. Actual proof of payment, such as credit card statements or copies of front and back of cancelled checks, is required. Invoices will not be accepted as actual proof of payment. All invoices must list the claimant's name and vehicle license plate number, vendor's letterhead, and an itemized list of repairs. We do not accept quotes retrieved from the internet/WWW.

5. **Insurance Information:** State the name of your insurer and policy number.

**Are you the registered owner?** Only the registered owner of the damaged vehicle or property may file a claim.

**Signature of Claimant:** Please sign and date the claim form. The State of California does not accept claim forms without an original signature. Faxed or photocopied claim forms will not be accepted.

**\*\* Claims over \$5,000.00 must be mailed to the Victim Compensation and Government Claims Board, P.O. Box 3035, Sacramento, CA 95812.**

*The fact that this brief statement of the initial procedure to be followed in submitting a claim against the State of California has been furnished to you or that an investigation of any claim is undertaken is not to be taken as an admission of liability in any respect on the part of the state or any of its officers or employees, nor is the fact that this informational statement has been furnished to you to be construed as a waiver of any requirements imposed by law or of any defense which may be available to the State of California in connection with any claim that may be filed against it.*

**CLAIM AGAINST DEPARTMENT OF TRANSPORTATION FOR AMOUNTS \$5,000 OR LESS**

LD-0274 (REV. 1/03)

## PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquires on information maintenance to your IPA Officer.

*This form is to be used when filing a claim against the Department of Transportation as provided in Government Code Section 935.7.*

PLEASE: Print or use a typewriter when filling out form.

Sign and date claim form.

(UNSIGNED AND UNDATED FORMS WILL NOT BE PROCESSED)

CAUTION: Claims for road repair (*Chip Seal*) damage must be received within 30 days of the incident. All others within 6 months.

			STATE USE ONLY
1. NAME: LAST	FIRST	MIDDLE	FILE NUMBER
HOME ADDRESS		BUSINESS PHONE	HOME PHONE
CITY		STATE	ZIP CODE
2. PUT A SPECIFIC TIME AND DATE WHEN THE DAMAGE FIRST OCCURED		TIME OF INCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INCIDENT

3. STATE THE LOCATION OF THE INCIDENT WITHIN ONE-HALF MILE (CITY, COUNTY, HIGHWAY, NEAREST OFF-RAMP, CROSS STREET OR, POSTMILE).

4. EXPLAIN HOW THE INJURY OR DAMAGE OCCURRED

WHAT PARTICULAR ACT OR OMISSION ON THE PART OF CALTRANS OR ITS CONTRACTOR CAUSED THE INJURY OR DAMAGE?

WHAT INJURY OR DAMAGE DO YOU CLAIM RESULTED?

WHAT IS THE DOLLAR AMOUNT OF YOUR CLAIM FOR DAMAGES? (SUBMIT TWO ESTIMATES OR PAID RECEIPTS)

\$

5. INSURANCE INFORMATION IS REQUIRED	NAME OF INSURER		
ARE YOU THE REGISTERED OWNER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU SUBMITTED A CLAIM TO YOUR INSURANCE CARRIER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IN YES, WERE YOU PAID?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FOR WHAT AMOUNT?	\$

## VEHICLE INFORMATION

MAKE OF VEHICLE	YEAR	LICENSE NO.
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF CLAIMANT	DATE
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REVERSE SIDE FOR STATE USE AND FILING INFORMATION ON CLAIMS

**CLAIM AGAINST DEPARTMENT OF TRANSPORTATION FOR AMOUNTS \$5,000 OR LESS**

LD-0274 (REV. 1/03)

**FOR STATE USE ONLY (BELOW)**

DATE CLAIM RECEIVED				REVIEWED BY: DISTRICT CLAIMS OFFICER SIGNATURE												APPROVE AMOUNT \$				<input type="checkbox"/>			
<input type="checkbox"/> STATE RESPONSIBILITY				TORT FUND/ CONTRACT CONTINGENCY								<input type="checkbox"/> CONTRACTOR RESPONSIBILITY				DISAPPROVE				<input type="checkbox"/>			
LOCATION CODING																							
DISTRICT				COUNTY				ROUTE				POST MILE				E.A.				DCP			
TC		SOURCE		CHG.		EXPENDITURE				SUB-JOB				SPECIAL DESIGNATION									
		DIST.		UNIT		DIST		AUTHORIZATION															
FA		AGENCY OBJECT		AMOUNT				FFY		ENC. DOCUMENT NUMBER				SUF									
ITEM								CHAPTER				STATUTES				FISCAL YEAR				SCHEDULE NUMBER			
I hereby certify upon my own personal knowledge that the budgeted funds are available for the period and purpose of the expenditure stated above.												ACCOUNTING OFFICER SIGNATURE								DATE			

**FOR CLAIMS FIVE THOUSAND DOLLARS (\$5,000) OR LESS**

CLAIMS OFFICE  
 Department of Transportation  
 P.O. Box 23660  
 Oakland, CA 94623-0660

**FOR CLAIMS OVER FIVE THOUSAND DOLLARS (\$5,000)**

You must file with the Victim Compensation & Government Claims Board in Sacramento, California.  
 If you have any questions about claims of more than five thousand dollars, call or write:

**Victim Compensation & Government Claims Board**  
 POST OFFICE BOX 3035  
 SACRAMENTO, CA 95812-3035  
 PHONE: (916) 323-3564

*The fact that this statement of the procedure to be followed in asserting a claim against the State of California has been furnished to you or that an investigation of any claim is undertaken is not to be taken as an admission of liability in any respect on the part of the state or any of its officers or employees; nor is the fact that this informational statement has been furnished to you to be construed as a waiver of any requirements imposed by law, or any defense which may be available to the State of California in connection with any claim that might be filed against it.*